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04-12-01

PTO/SB/05 (2/98)

Approved for use through 09/30/2000 OMB 0611-003  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. PC10636ATMC

First Named Inventor or Application Identifier Andrew G. Lee

Title Compositions and Methods for Treating Female Sexual Dysfunction

Express Mail Label No. EL710829706US

APPLICATION ELEMENTS		ADDRESS TO:		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
See MPEP chapter 600 concerning utility patent application contents.				
1.	<input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6.	<input type="checkbox"/> Microfiche Computer Program (Appendix)	
2.	<input checked="" type="checkbox"/> Specification [Total Pages 97]	7.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
	<ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding R&amp;D sponsored R&amp;D</li> <li>- Reference in Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		<input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies	
3.	<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets 1]	8.	<input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
4.	<input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]	9.	<input type="checkbox"/> 37 C.F.R. §37(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
	<ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) <i>[Note Box 5 below]</i></li> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</li> </ul>	10.	<input type="checkbox"/> English Translation Document (if applicable)	
5.	<input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	11.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		12.	<input type="checkbox"/> Preliminary Amendment	
		13.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		14.	<input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)	
		15.	<input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		14.	<input checked="" type="checkbox"/> Other: Priority Claim	
			This application claims priority of U.S. provisional application number 60/266,387, filed April 18, 2000.	
<b>NOTE FOR ITEMS 1 &amp; 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.29), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>				
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:				
<input type="checkbox"/> Continuation		<input type="checkbox"/> Divisional		<input type="checkbox"/> Continuation-in-part (CIP)
Prior application information:		Examiner _____		Group/Art Unit: _____

## 18. CORRESPONDENCE ADDRESS

(Insert Customer No. or Attach bar code label here)

 Correspondence address below

Name	Gregg C. Benson			
Address	Pfizer Inc.			
Address	Patent Department, MS 4159, Eastern Point Road			
City	Groton	State	CT	Zip Code
Country	United States of America	Telephone	1-(860)-441-4901	Fax
NAME (Print/type)	Todd M. Crissey		Registration No. (Attorney/Agent)	37,807
Signature	<i>Todd M. Crissey</i>		Date	4/11/2001

EXPRESS MAIL NO. EL710829706US

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 2000.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB-09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$962.00)

Complete if Known

Application Number	To be assigned
Filing Date	Concurrently herewith
First Named Inventor	Andrew G. Lee
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC10636ATMC

## METHOD OF PAYMENT (check one)

1.  The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc

Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.16 and 1.17.  Charge the Issue Fee Set In 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.

## 2. Payment Enclosed:

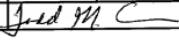
Check  Money Order  Other

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>				<b>710.00</b>	
<b>2. EXTRA CLAIM FEES</b>					
Total Claims	34	-20**=	14	Extra Claims Fee from below	Fee Paid
				X 18.00 =	252.00
Independent Claims	3	- 3**=	0	X 80.00 =	0.00
Multiple Dependents				270.00 =	0.00
** or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$)</b>				<b>252.00</b>	
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3) (\$)</b>					
<b>0.00</b>					

Complete (if Applicable)

Type or Printed Name	Todd M. Crissey	Reg. Number	37,807
Signature		Deposit Account User ID	16-1445

EXPRESS MAIL NO. EL 710 28770605

FEE TRANSMITTAL PTO SB 17.DOT 10/00